

**Lake County Department of Job and Family Services  
Lake County Employment and Training Division  
Youth Pre-application and Self-Assessment**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Home Phone # \_\_\_\_\_ Message Phone # \_\_\_\_\_

Gender: \_\_\_\_\_ Current Age: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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**Instructions**

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Please answer all questions to the best of your ability.

The “Eligibility” section (page 9) must be **completely filled out**. If you are living with your parents, please have your parent or legal guardian provide information about household income if you do not have it. You must also provide copies of documents proving your household income, residency, citizenship, birth date, Social Security Number, and certain other items. Please see pages 9 and 10 for more information.

If you acknowledge a disability, the form on page 11 must be signed by a professional involved in the diagnosis/treatment of the disability. The signed form must be returned to Lake County Employment and Training Division with the other required documents.

The list on page 10 of eligibility documents is a list of examples of acceptable documents. You do not need to provide all documents listed for each item.

Youth who have an **Individual Education Plan**; an **Individual Career Plan**; and/or a **Career Passport** should enclose a copy with this questionnaire.

Please mail or drop off the completed questionnaire and all copies to:

Lake County Department of Job and Family Services  
Lake County Employment and Training Division  
177 Main Street  
Painesville, OH 44077  
Attn: Matt Myers

If you have any questions about completing this form or the documentation required, please call Matt Myers at (440) 350-2494 or (440) 918-2494. Thank you.

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## Education

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- Are you a student? \_\_\_\_\_ Yes \_\_\_\_\_ No

### IF YOU ARE A STUDENT:

- What level of school? \_\_\_\_\_ Elementary School \_\_\_\_\_ Middle School  
\_\_\_\_\_ High School \_\_\_\_\_ Other
- Are you home schooled? \_\_\_\_\_ Yes \_\_\_\_\_ No
- School name \_\_\_\_\_
- Current grade \_\_\_\_\_

### IF YOU ARE NOT A STUDENT:

- Did you graduate from high school? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - School name \_\_\_\_\_
  - Month/year of graduation \_\_\_\_\_
- If you did not graduate:
  - Last grade you finished \_\_\_\_\_
  - Month/year when you left school \_\_\_\_\_
  - Name and city of last school you attended \_\_\_\_\_
- Are you enrolled in classes to get your GED? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Name of GED program \_\_\_\_\_
  - Month/year started GED classes \_\_\_\_\_
  - When do you plan to take the GED test? \_\_\_\_\_

### (If you are not a student now, answer the following five questions based on when you were in school.)

- What is your best subject in school? \_\_\_\_\_
- What is your weakest subject in school? \_\_\_\_\_
- Are you required to take the Ohio Graduation Test (OGT)? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are you required to pass all sections of the OGT? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If you have passed any of the following sections of the Proficiency Test, enter the month and year when you passed that section:
  - Writing \_\_\_\_\_
  - Reading \_\_\_\_\_
  - Citizenship \_\_\_\_\_
  - Math \_\_\_\_\_
  - Science \_\_\_\_\_

- Do you plan to go to college? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes”:

- What degree do you plan to get (associated, bachelor’s)? \_\_\_\_\_
- What will you major in? \_\_\_\_\_
- Which college do you plan to attend? \_\_\_\_\_

- Are you enrolled in, or have you completed, a career training or vocational program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes”:

- School name \_\_\_\_\_
- Type of program \_\_\_\_\_
- Are you currently passing your courses in this program? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Month/year when you started program \_\_\_\_\_
- Month/year when you completed (or will complete) program \_\_\_\_\_

- Do you plan to enroll in a career training or vocational program in the future? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes”:

- School name \_\_\_\_\_
- Type of program \_\_\_\_\_
- Month/year when you plan to start program \_\_\_\_\_

- Do you have:

*If so, please enclose a copy with your application.*

- An Individual Education Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No
- An Individual Career Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No
- A Career Passport? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Are you participating in a Career-Based Intervention Program (such as Work-Study)? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Are you in any special academic classes at your school or receiving special assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes”, please explain:

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## Employment

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- What job do you want to get now? \_\_\_\_\_
- Why do you want that job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Will you need special clothing or tools for that job that you don't have and can't afford? \_\_\_\_\_ Yes \_\_\_\_\_ No
- What job do you want as your long-term career? \_\_\_\_\_
- Why do you want that career? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Have you worked in the Summer Youth Program? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - If "yes", how many summers have you worked in it? \_\_\_\_\_
  - Do you plan to work in the Summer Youth Program this Year? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - If "no", why not? \_\_\_\_\_  
\_\_\_\_\_

Have you ever done any of the following things?

- Filled out a job application? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Written a resume? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Written a cover letter to send to an employer with your resume? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Actively looked for a job, other than a job in the Summer Youth Program? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Gone on a job interview? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Held a paying job, other than a job in the Summer Youth Program? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are you working now? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Can you get a written reference from a previous employer? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Have you ever quit a job? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", why? \_\_\_\_\_  
\_\_\_\_\_

- Have you ever been fired from a job? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", why? \_\_\_\_\_  
\_\_\_\_\_

**If you are working or have worked in the past, complete the work history on the following page.**

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## Work History

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(List Most Recent Job First - Include Summer Youth Program Jobs)

### **Job #1**

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job Duties \_\_\_\_\_

Hours per Week \_\_\_\_\_ Pay Rate \_\_\_\_\_

Start Date (month and year) \_\_\_\_\_ End Date (month and year) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

What I Liked Most About This Job: \_\_\_\_\_

What I Liked Least About This Job: \_\_\_\_\_

### **Job #2**

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job Duties \_\_\_\_\_

Hours per Week \_\_\_\_\_ Pay Rate \_\_\_\_\_

Start Date (month and year) \_\_\_\_\_ End Date (month and year) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

What I Liked Most About This Job: \_\_\_\_\_

What I Liked Least About This Job: \_\_\_\_\_

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## Environment

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The questions on this page are voluntary. You do not have to answer them if you do not want to. Answers to these questions will help Lake County ETD to help you. The information on this page will only be seen by ETD staff who need it to help you. This information will not be released to other agencies unless you/your parent sign a written release form.

- Do you have a physical, mental, or emotional condition that affects your ability to work, hold a job, or go to school (this includes learning disabilities)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", please explain:

- What is the condition? \_\_\_\_\_
- What limitations, if any, are there on the kind of work you can do? \_\_\_\_\_

- Is the disability (check one): \_\_\_\_\_ Total \_\_\_\_\_ Partial
- Is the disability (check one): \_\_\_\_\_ Temporary \_\_\_\_\_ Permanent
- What medications, if any, do you take that could interfere with work or school? \_\_\_\_\_

- Do you have a treatment schedule that could interfere with work or school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", please explain: \_\_\_\_\_

- Do you wish to request any accommodation(s) for your condition? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", please explain: \_\_\_\_\_

- Do you now, or have you ever had, problems with alcohol or drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", did you receive, or are you receiving, treatment? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Do you have any problem with getting medical care? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Do you receive services from any of the following agencies? If so, please name your contact person at the agency:

- Catholic Charities \_\_\_\_\_
- Crossroads \_\_\_\_\_
- Lake County Dept. of Job & Family Services \_\_\_\_\_
- Lake County MR/DD Board \_\_\_\_\_
- Neighboring \_\_\_\_\_
- Pathways \_\_\_\_\_
- Ohio Rehabilitation Services, Bureau of Vocational Rehabilitation \_\_\_\_\_
- Other service agency (name?) \_\_\_\_\_

- Do you want more information about social/human services available in Lake County? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are you pregnant, or do you have a pregnant partner? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Do you have children of your own living with you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes”:

- How many children and what are their ages? \_\_\_\_\_  
\_\_\_\_\_
- Who presently cares, or will care, for your child(ren) when you are at work or school? \_\_\_\_\_  
\_\_\_\_\_
- Will you need to pay for a sitter or day care to work or attend school? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are you the parent of children who live in another household? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes”

- How many children and what are their ages? \_\_\_\_\_  
\_\_\_\_\_
- Are you required to pay child support? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If “yes”, how much? \_\_\_\_\_
- Does, or will, your visitation schedule interfere with working or attending school? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Who do you (and your children, if applicable) live with?  
 \_\_\_\_\_ Two parents, or parent and stepparent      \_\_\_\_\_ Friend(s) or partner  
 \_\_\_\_\_ One parent      \_\_\_\_\_ Foster family  
 \_\_\_\_\_ Other relative(s)      \_\_\_\_\_ Group home  
 \_\_\_\_\_ Spouse      \_\_\_\_\_ Live alone  
 \_\_\_\_\_ Other (please explain): \_\_\_\_\_

- Have you lived in the same place for the past year? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Is having a place to live a problem for you? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Does your household get help from the Lake Metropolitan Housing Authority? \_\_\_\_\_ Yes \_\_\_\_\_ No
- What transportation do you have to get to work?  
 \_\_\_\_\_ Drive yourself      \_\_\_\_\_ Walk      \_\_\_\_\_ LakeTran/other public transportation  
 \_\_\_\_\_ Family/friends will drive      \_\_\_\_\_ Bicycle
- Do you have a driver’s license? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Do you have a reliable car, or access to one? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Have you ever ridden LakeTran? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Have you ever been to Juvenile Court? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If “yes”, for what charge(s)? \_\_\_\_\_
  - Were you convicted? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Have you ever been charged in court with a crime as an adult? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If “yes”, for what charge(s)? \_\_\_\_\_
  - Were you convicted? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Have you ever spent time in a juvenile detention center or a jail? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Are you on probation now? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If “yes”, what are the names of the court and your probation officer? \_\_\_\_\_

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  - Does your probation have any conditions that could interfere with working? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Do you have a pending court date? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Other

- Is there anything else you'd like to tell us that is important to your success at school or at work?



Please answer all questions to the best of your ability and have your parent or legal guardian complete portions you may not be able to answer.

- Husband, wife, and dependent children
  - Parent and dependent children
    - Husband and wife

- Proof of residency
- Proof of citizenship
- Proof of birth date
- Proof of Social Security Number
- If a foster child, proof of foster child status
- If a school dropout, proof of official withdrawal from school
- If pregnant or parenting, proof of pregnant/parenting status

Youth acknowledging a disability need to have a Disability Certification Form completed by a certifying official at the school, agency, or practice that is able to document the disability. A copy of this form is attached (page 11).

- Does your family receive cash welfare? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Does your family receive food stamps? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are you a United States citizen or a resident alien authorized to work in the United States?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- (For males age 18 and over) Are you registered with the Selective Service? Yes No

[illegible]

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## General Eligibility Documentation

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**Proof of Residency:**

- Current utility bill
- Current piece of mail with cancelled postmark
- Current rent receipt, if address is written on receipt
- Current TANF medical card

**Proof of Citizenship:**

- (For in-school youth under 18 years of age who have no photo ID) Current year report card
- (For youth 18 years of age and older) A photo ID card

**Proof of Birth Date:**

- Birth certificate
- Baptismal certificate with date and place of birth entered
- Hospital record
- Passport

**Proof of Social Security Number**

- Social Security card or letter of verification from Social Security office

**Proof of Household Income (for all applicable income sources):**

- Current pay stubs for all family members who are working
- Statement of gross wages from employer
- Unemployment compensation verification form showing benefit amount
- Public assistance records (acceptance letter or computer printout)
- Social Security statement or printout showing Social Security income
- (Only if no income and family lives off savings) Savings passbooks or bank statements

**Proof of Foster Child Status:**

- Court documentation
- Written statement from local or state agency
- Current medical card

**Proof of Dropout Status:**

- Official withdrawal slip

**Proof of Pregnant/Parenting Status:**

- Child's birth certificate
- Statement from social services agency
- Medical card

**LAKE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES  
LAKE COUNTY EMPLOYMENT AND TRAINING DIVISION  
DISABILITY CERTIFICATION**

I hereby give \_\_\_\_\_ permission to complete the disability certification below and release the certification to the Lake County Employment and Training Division (ETD). I understand that Lake County ETD will use this information solely for the purpose of determining eligibility for the Workforce Investment Act, and for related record keeping and affirmative action requirements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**THE FOLLOWING TO BE COMPLETED BY CERTIFYING PROFESSIONAL**

I hereby certify that \_\_\_\_\_ is an individual who has a physical or mental impairment which substantially limits one or more of such person's major life activities; has a record of such impairment; or is regarded as having such an impairment; which for such individual constitutes or results in a substantial handicap to employment, as determined in accordance with the "Definitions of Key Terms" below. I further certify that the applicant's disability can be substantiated by records maintained by this agency/practice/school.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Agency/School (if applicable)

\_\_\_\_\_  
Date

**DEFINITIONS OF KEY TERMS**

**Physical or Mental Impairment:** Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine; OR any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities. Includes, but is not limited to, such contagious and noncontagious diseases and conditions as orthopedic, visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular illness; specific learning disabilities; HIV disease (whether symptomatic or asymptomatic); tuberculosis; drug addiction and alcoholism if currently in recovery.

**Major Life Functions:** Functions such as caring for one's self; performing manual tasks; walking; seeing; hearing; speaking; breathing; learning; and working.

**Substantial Handicap to Employment:** A loss of occupational choices of a class or group of jobs due to the disability; i.e., significant diminishment of occupational choices.